

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-975)

SERIAL NO. 10/030735 FILING DATE

APPLICANT(S)

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	1		1		1	
2		1				1
3		1		1		1
4		1		1		1
5		1		1		1
6		1				
7		1				1
8	1				1	1
9		1			1	1
10		1			1	
11	1					
12		1			1	
13	1				1	
14		1			1	
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16		1			1	
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20	1				1	
21		1			1	
22		1			1	
23		1			1	
24		1			1	
25		1			1	
26	1				1	
27		1			1	
28		1			1	
29	1				1	
30	1				1	
31		1			1	
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33		1			1	
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37	1				1	
38		1			1	
39		1			1	
40		1			1	
41		1			1	
42		1			1	
43		1			1	
44	1				1	
45		1			1	
46					1	
47					1	
48					1	
49					1	
50					1	
TOTAL IND.	12				4	
TOTAL DER.	33				34	
TOTAL CLAIMS	45				38	

NO.	*		*		*	
	IND.	DER.	IND.	DER.	IND.	DER.
51		1				
52		1				
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS